



BIKE LOCKER APPLICATION (revised 01/2021)

Please complete the following and return to the address listed below with a check for \$45. A Clallam Transit System (CTS) representative will contact you.

Locker Location: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Primary Telephone Number: _____

Secondary Telephone Number: _____

I have read and agree to the terms and conditions of the CTS Bike Locker Program Agreement.

Applicant's signature: _____ **Date:** _____

Bike locker deposits may be submitted to CTS via check, cash, or credit/debit card. The application may be submitted via mail to the above address, fax to 360-452-1316, or email to frontdesk@clallamtransit.com.

FOR OFFICE USE ONLY – acceptance and assignment of bike locker:

Locker Location: _____ Locker number: _____ Key number: _____

Date Issued: _____ Deposit amount: \$ _____

Date deposit paid: _____ Agreement expiration date: _____

Issued by: _____